



MAINE DEPARTMENT OF PUBLIC SAFETY
STATE FIRE MARSHAL'S OFFICE
52 STATE HOUSE STATION
AUGUSTA, ME 04333-0052
TEL. (207) 626-3880 FAX. (207) 2876251



APPLICATION FOR AMUSEMENT SHOW LICENSE

APPLICANT MUST FILL OUT ALL REQUIRED INFORMATION

FOR CALENDER YEAR ENDING: **DECEMBER 31**, _____

NAME OF SHOW OR PARK: _____

LOCATION OF PARK: _____

OPENING DATE: _____ CLOSING DATE: _____

NOTES: _____

OWNER: _____

MAILING ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____

FEES: AMUSEMENT SHOW APPLICATION FEE \$300.00
AMUSEMENT RIDE \$100.00 PER RIDE

*The term "Amusement Ride" includes **amusement devices** and **inflatable rides**.

ATTACH TO THIS APPLICATION:

Itinerary of where the show will perform. (Submit updates to this office when the itinerary changes.)
Certificate of General Liability Insurance. The Certificate of Insurance **MUST** show coverage no less than \$1,000,000 General Liability, and must indicate the nature of the coverage (Traveling Amusement Show, Amusement Park, etc.) The Certificate of Insurance **MUST** show the following:

CERTIFICATE HOLDER:

**Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, ME 04333-0052**

INSPECTIONS: Inspections are required prior to opening. **Call at least two (2) weeks** prior to your scheduled opening date to schedule an inspection.

↓ DEPARTMENT OF PUBLIC SAFETY USE ONLY ↓				
FEE:	Insurance Approved: <input type="checkbox"/>	Inspected By:	Permit Issued:	___ OK TO ISSUE
Check No.:	Date:	Date:	Date:	___ DO NOT ISSUE



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Name of Show or Site: _____ Year: _____

Traveling Amusement Show Itinerary:

From:	To:	Site Name:	Site Address:	City/Town:	County:

Use additional sheets as necessary.
Duplicate this form as necessary.



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Name of Show or Site: _____ Year: _____

AMUSEMENT RIDES AND AMUSEMENT DEVICES
(Include Inflatable Devices)

Ride Name:	Manufacturer:	Manufacturer's Serial Number:	Date of Manufacturing:	Mass. ID:	Maine Decal (Last Year):	(Dept. Use Only) Maine Decal:

Use additional sheets as necessary.
Duplicate this form as necessary.